



UNITED STATES POSTAL SERVICE®



UNITED STATES POSTAL SERVICE®

CORPORATE ACCOUNT

WWW.USPS.COM

POSTAGE AND FEES PAID

Label 10s

May 2000

HOW



* E V 3 3 9 6 1 6 3 3 5 U S *

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery	Flat Rate Envelope
	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date In	Postage	
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$
Time In	Military	
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight	Int'l Alpha Country Code	COD Fee Insurance Fee
lbs. oz.		
No Delivery	Acceptance Clerk Initials	Total Postage & Fees
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		\$

POSTAL USE ONLY
METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

FROM: (PLEASE PRINT)

PHONE ()

PRESS HARD.
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

Addressee Copy

Label 11-F June 2002

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

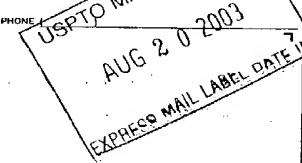
WAIVER OF SIGNATURE (Postal Use Only) Additional insurance is void if waiver of signature is requested. I wish my delivery agent to attempt obtaining signature of addressee or addressee's agent (if delivery employee's signature on article can be left in another location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT)



in man
box.

only

© USPS 1995

The ef
the Exp

EP-13F February 2002